

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018944

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2609

FILED JUN 8 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kansas City

Length of stay in lb

65 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Trinity Lutheran Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Kansas City

d. STREET  
ADDRESS

(If outside, give location)

4412 Moats Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William

C.

Eldridge

4. DATE  
OF  
DEATH

Month

Day

Year

May 11, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/8/1894

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

## 10b. KIND OF BUSINESS OR INDUSTRY

Self employed

## 11. BIRTHPLACE (City and state or country)

Williamsburg, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Edmond C. Eldridge

## 13b. MOTHER'S MAIDEN NAME

Clara E. Hardacre

## 14. NAME OF HUSBAND OR WIFE

Blanche M. Eldridge

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

(If yes, give way or dates of service) W. W. #1

## 16. SOCIAL SECURITY NO.

33

## 17. INFORMANT

Address

Blanche Eldridge 4412 Moats Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Disease

INTERVAL BETWEEN  
ONSET AND DEATH

2 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to 1962 and last saw her alive on 11 May 1962  
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

H.C. Carlson M.D.

## 22b. ADDRESS

1316 Professional Bldg

## 22c. DATE SIGNED

12 May 1962

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

## 23b. DATE

May 14, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Earp &amp; Sons

Kansas City, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-14-62

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF H.C. Carlson M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Eargle

Licensed Embalmer No. 4128

P. O. Address F.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.